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UNITED NATIONS POPULATION FUND PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Kenya

Proposed UNFPA assistance: $20 million, $16.5 million from regular resources and $3.5 million from multi-bilateral and/or regular resources

Programme period: 5 years (1997-2001)

Cycle of assistance: Fifth

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	11.5	1.5	13.0
Population & development strategies	4.5	1.5	6.0
Advocacy	0.5	0.5	1.0
Total	16.5	3.5	20.0

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KENYA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	54.0	<60
Contraceptive prevalence rate (15-44) (%)[2]	33.0	<55
Access to basic health services (%)[3]	77.0	<60
Infant mortality rate (/1000)[4]	69.0	≤50
Maternal mortality rate (/100,000)[5]	170.0	<100
Gross female enrolment rate at primary level (%)[6]	85.8	<75
Adult female literacy rate(%)[7]	65.2	<50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

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[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, Education for All - Status and Trends, 1994.*

Demographic Facts

Population (000) in 1995	28,261	Annual population growth rate (%)	2.8
Population in year 2000 (000)	32,577	Urban	5.6
Sex ratio (/100 females)	100.3	Rural	1.7
Per cent urban	27.7	Crude birth rate (/1000)	42.8
Age distribution (%)		Crude death rate (/1000	11.8
Ages 0-14	47.7	Net migration rate (/1000)	-2.6
Youth (15-24)	20.7	Total fertility rate (woman)	5.76
Ages 60+	4.4	Life expectancy at birth (years)	
Percentage of women aged 15-49	44.3	Males	53.0
Median age (years)	16.0	Females	55.4
Population density (/sq. km.)	49	Both sexes	54.2
		GNP per capita (U.S. dollars, 1994)	260

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: the 1994 Revision. GNP per capita is from UNDP.

1. The United Nations Population Fund proposes to support a population programme over the period 1997-2001 to assist the Government of Kenya in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $20 million, $16.5 million of which would be programmed from UNFPA regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $3.5 million from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's fifth cycle of assistance to Kenya.

2. The proposed programme has been developed in close collaboration with the Government and other national and international partners. The programme takes into account many national policy and strategy documents, particularly the 1996 National Population Policy for Sustainable Development, the National Reproductive Health Strategy, the Advocacy/Information, Education and Communication (IEC) Strategy, and the 1994 Country Strategy Note agreed upon by the United Nations and the Government of Kenya. UNFPA's fifth country programme is based on proposals from the sectoral workshops conducted by the Government of Kenya and UNFPA and the programme review and strategy development (PRSD) process that was carried out in 1996. It is harmonized with the country's Eighth National Development Plan period.

3 Kenya has experienced a dramatic demographic transition -- one of the few in sub-Saharan Africa. This indicates the success of its national population programme, to which UNFPA has been contributing since 1974. To ensure continuation of this demographic transition and the effective implementation of desired policies and strategies, the proposed programme would build on lessons learned from the support to date. Kenya is defined by UNFPA as a category "A" country under the new approach for resource allocation. The programme would adopt a holistic approach, addressing priority needs in the three UNFPA core programme areas -- reproductive health, including family planning and sexual health; population and development strategies; and advocacy. It would also continue to complement and assist in coordination of external assistance in the population sector, which UNFPA's neutrality and relatively long history of successful work in Kenya give it a unique advantage to do.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Kenya's demographic transition began in the early 1980s. The total fertility rate fell from an estimated 8.0 children per woman in 1979 to less than 6.0 children per woman in 1995; it is projected to be at 4.0 children per woman by the year 2000. Mortality has also been on the decline. The infant

mortality rate almost halved in 30 years -- from 120 per 1,000 live births in 1963 to 69 per 1,000 in 1992. The maternal mortality rate -- for which the national estimate of 365 per 100,000 live births is considerably higher than the UNICEF estimate (on the data sheet on page 2 of this report) -- is undesirably high. Life expectancy increased from 44 years in 1963 to about 60 years in 1989. However, it is estimated that it declined to 58 years in the period 1990-1995 and is continuing to decline due to the impact on adult mortality of HIV/AIDS. The prevalence of HIV infection among adults aged 15 years and over is projected to be 10 per cent by the year 2000, and cumulative deaths from AIDS are expected to be over 1 million. Thus with increasing mortality rates and continuing declines in fertility rates, the pace of the decline in the population growth rate may even accelerate. The growth rate is projected to decline to 2.5 per cent a year by the year 2000.

6. The infant mortality rate and the maternal mortality rate are both above the threshold levels established for allocating UNFPA resources. These and the other indices related to ICPD goals that have not been met reflect the high levels of poverty in the country. This has been exacerbated by the structural adjustment programmes introduced in the mid-1980s, which instituted cost-sharing for some health and education services. The thresholds concerning female education have been met, but a decline may be observed in the future since, following the introduction of cost-sharing in schools, some communities have given education for girls second priority in comparison with that for boys.

7. Kenya is in many ways a paradox. It was the first sub-Saharan country to adopt a national family planning programme. The demographic transition indicates the widespread use of family planning methods: the contraceptive prevalence rate (CPR) doubled from 17 per cent in 1978 to 33 per cent for all methods in 1993. On the other hand, a minority of religious and other leaders oppose family life education in schools and providing access to services (including information and counselling) to adolescents and youth. The sexual and reproductive health and rights of women are compromised by traditions of marrying girls at an early age and the practice of female genital mutilation. Adolescents -- about 25 per cent of the population -- experience high rates of HIV/AIDS (higher among teenage girls than boys) and of unplanned pregnancies. An estimated 10 per cent of female student drop-outs is accounted for by unplanned pregnancy, and 40 per cent of all documented schoolgirl pregnancies terminate in abortion. Unsafe abortions are responsible for one-third of maternal deaths in Kenya. While preventive health services, including family planning services and the provision of contraceptives, are free of charge in government health centres, curative services are cost-shared. Only half of the 3,500 governmental and non-governmental health facilities offer maternal and child health and family planning (MCH/FP) services, with varied accessibility. Despite continuing efforts to involve men in family planning decisions, their participation remains negligible.

8. There is political goodwill and commitment to the population programme at all levels. The Government has long been concerned about the country's rapid population growth as an obstacle to development. The Government provides 68 per cent of family planning services nationally, and its goal is to make all health services more effective, accessible and affordable. In 1982, the Government

established the National Council for Population and Development (NCPD) to design population policies and strategies and to coordinate all population-related activities. In 1996, the NCPD formulated a national population policy that incorporated ICPD objectives. Much of development planning is decentralized to the district level, and incorporation of demographic data into development planning is reflected in national and district development plans, yet active integration at the district level is yet to be realized. The Government plans to strengthen collaboration with NGOs, the private sector and the communities themselves in implementing the country's population policy.

Previous UNFPA assistance

9. UNFPA's first programme of assistance began in 1974. Focus in the first two cycles was on service delivery and in the third on IEC in response to national needs to raise awareness of population-related issues and hence to increase demand for family planning services. The fourth programme (1992-1996) continued with IEC activities and also supported policy formulation, data analysis and research. Following the mid-term review in January 1994, the focus of implementation shifted to priority areas in the MCH/FP sector. With the advent of the ICPD halfway through the fourth country programme, overall concepts changed and a National Population Policy for Sustainable Development, a National Reproductive Health Strategy and a National Advocacy/IEC Strategy were formulated in 1996. These documents incorporated the more holistic ICPD approach to population and development. They now need to be implemented. UNFPA was the sole donor to the process of formulation of these documents, and its neutrality as a United Nations agency as well as its technical capacity provided considerable advantages in helping the Government articulate these strategies.

10. The need for flexibility and relative speed in responding to newly-identified needs (related to changing priorities following the ICPD, greater-than-anticipated uptake of family planning services, donor commitments not materializing or their programmes of support being reduced) became apparent in the fourth country programme. It is important that flexibility be retained across all sectors in the proposed programme, while at the same time aspects of sustainability and allocation of more national resources be addressed by the Government. Quality of care has been addressed through training and by better identifying underserved populations through a geographical information system (GIS). High programme implementation and cost-effective impact has been possible through active programme management; national exécution (18 of the 20 projects followed this mode of execution and developed a sense of ownership and accountability); and use of national technical expertise.

11. Adolescents were not successfully reached through family life education in the formal school curricula because the opposition of a minority of vocal religious leaders impeded implementation of the proposed activities. Reproductive health and IEC activities through the informal sector have proven much more successful. The fourth country programme reached many underserved populations and specific target groups -- in marginal areas around Nairobi, in rural areas, adolescents,

males (particularly those in rural areas) -- through the provision of static and outreach services. Successful or promising approaches -- for example, rural males were reached through an innovative approach involving condom dispensers and trained public health technicians -- need further developing in the new programme. Further research into aspects of behavioural change is also needed.

Other external assistance

12. The United Nations community in Kenya is the largest in Africa with 24 United Nations agencies and nearly all the bilateral assistance programmes being represented. The major donor agencies currently involved with UNFPA in population-related activities in Kenya are the World Bank, United States Agency for International Development (USAID), the European Union, the British Overseas Development Administration (ODA), Swedish International Development Cooperation Authority (Sida), Finnish International Development Authority (FINNIDA), the German Gesellschaft für Technische Zusammenarbeit (GTZ), Belgium, the Japanese International Cooperation Agency (JICA), UNICEF and WHO. Donor agencies focus on different aspects of population activities, and some have encountered obstacles. For example, the World Bank and the Government have not yet finalized an agreement on condom procurement. USAID, one of the main supporters of population activities through training service providers, streamlining distribution of family planning commodities, reducing the spread of sexually transmitted diseases (STDs), including HIV/AIDS, and supporting operational research, has had its programme approximately halved since 1995. Sida had focused on provision of oral contraceptives for the last 12 years, but in 1996 it could no longer procure these supplies as anticipated. UNICEF focuses on the improvement of child health and the reproductive health needs for youth, but its programme has been disrupted by internal problems.

13. Coordination of donor inputs is thus a challenging task. UNFPA has chaired the Population Donors Group meetings and in other ways has taken the lead, wherever appropriate and feasible. Donor collaboration has worked best at the project level, or where there have been specific issues to address, such as AIDS, logistics or marginal areas of cities. Use of condoms has increased by 500 per cent in the last five years largely due to the HIV/AIDS pandemic, resulting in an over-stretching of the resources of donors in the population field. Coordination among United Nations agencies with respect to UNAIDS and to implementation of the 1994 Country Strategy Note -- taking note of the 1996 United Nations Special Initiative on Africa -- is needed. The national population programme is heavily donor-funded, and sustainability -- particularly with respect to procurement of contraceptives and other commodities -- has to be addressed.

Proposed programme

14. The long-term objectives of the proposed programme will be to support the implementation of selected aspects of the Government's 1996 National Population Policy for Sustainable Development, which takes full account of the ICPD Programme of Action in developing qualitative goals as well as in giving quantitative demographic, health and social service targets. Some of the key quantifiable national targets, set to guide the implementation of the Population Policy to the year 2010, and taking into account the expected impact of HIV/AIDS, include reducing the infant mortality rate to 59 per 1,000 live births and the maternal mortality rate to 170 per 100,000 live births. The goal would be to achieve a contraceptive prevalence rate of 62 per cent for all methods, resulting in a total fertility rate of 2.5 children per woman and an annual population increase of 2.0 per cent. The Government's goals also include ensuring that 90 per cent of all births are attended by trained professionals by 2010, up from approximately 50 per cent today.

15. The proposed programme will build on and replicate successful activities from the fourth country programme and from other donors, address identified priority needs and (recognizing the experience of the previous programme) respond flexibly to emerging needs. It will focus on identified target groups, with particular emphasis on adolescents and youth, men and underserved populations. All programme activities will incorporate gender-related issues and address the issue of HIV/AIDS. UNFPA's support for the 1996 Population Policy will include capacity-building; helping to ensure a continuous and adequate supply of contraceptives and good logistics management of reproductive health commodities; assisting the Government's advocacy activities with national and community leaders, including drawing attention to the reproductive health needs of vulnerable, underserved and hard-to-reach groups (including refugees); and promoting the provision of appropriate reproductive health and IEC services to adolescents and youth by using an informal approach through NGOs, the media, the private sector and organized peer groups.

16. Reproductive health. Reproductive health programmes in Kenya suffer from a number of constraints. Generally speaking, there is a lack of integrated reproductive health services that encompass family planning, Safe Motherhood, sexual health, and the prevention and treatment of STDs, including HIV/AIDS. The services that do exist are not usually of high quality and are, in any case, inaccessible to at least 25 per cent of the population. An overriding concern is that reproductive health services do not take into account the perspective of women, who are often inhibited from using them by cultural attitudes, attitudes that also often include harmful traditional practices. At the same time, other important target groups, such as adolescents and men, do not have services designed to meet their needs or the IEC materials that would help them to understand how they could improve their own reproductive health and that of their partners.

17. The goal of the proposed programme is to see that by the end of the programme period 55 per cent of health service delivery points offer integrated reproductive health services. This will be

achieved by working to ensure that all service delivery points that offer family planning services (about half of them) are upgraded to include a complete array of basic reproductive health services. In addition, 10 per cent of other health facilities will also be strengthened to offer reproductive health services in order to begin to reach the 25 per cent of Kenyan women who are now outside the reach of family planning services. The number of facilities that are able to diagnose and treat STDs will be increased from 35 per cent of the total to 45 per cent. The programme will also work to see that all districts have the appropriate information, counselling and services to address the special needs of adolescents.

18. In the important area of capacity-building, the Fund will work to strengthen the management of reproductive health programmes at all levels. To identify the gaps in service delivery, the geographic information system (GIS) will be expanded from the current coverage of 19 districts to national coverage. Identified weaknesses will then be addressed by extensive cascade training programmes, including those for reproductive health care providers as well as for managers at higher levels of the health system. Some of these activities will be designed to support expansion of services that meet the reproductive health needs of adolescents by carrying out training in such areas as adolescent health management and counselling. The current participation of communities, NGOs, professional bodies and the private sector in implementing reproductive health activities will be strengthened by continuing and reinforcing outreach activities, cost-recovery schemes, training of traditional birth attendants, community-based distribution programmes and other innovative interventions including condom-dispensing facilities. Support will be given to the design and implementation of programmes that focus on the needs of men and encourage their participation. Appropriate research, and full dissemination of the findings, will be supported. In addition, the proposed programme will, in collaboration with other donors, procure contraceptives and commodities required by the national programme, benefiting from the comparatively advantageous procurement services of UNFPA, and assist the Government to define a longer-term strategy for sustainability in procuring contraceptives.

19. Population and development strategies. The fifth country programme will assist in the implementation of the National Population Policy for Sustainable Development. It will also provide support, with other donors, for the formulation of a national policy on gender and to the Central Bureau of Statistics for analysis and dissemination activities of the 1999 census and for the development and management of an integrated multisectoral information system (to include gender-disaggregated data). The proposed programme will also support research on population and development strategies (including environmental management and gender concerns); and ensure that capacity building through training in management and in substantive aspects of population and development (both national and international, long-term and short-term) is an integral component of sectoral population programmes.

20. Advocacy. Assistance will be provided for the Government's advocacy efforts by helping to design messages for specific target groups that focus on behavioural change, control of the spread of HIV/AIDS, empowerment of women by changing discriminatory policies, and the elimination of

harmful traditional practices. UNFPA support will also assist the Government to enhance ownership and sustainability of the national population programme through improved institutional and operational mechanisms for coordination, supervision, monitoring and evaluation of advocacy activities. Strategies to meet these challenges will include coalition-building and networking; consultation and negotiation; mass media, and use of appropriate NGOs, particularly women's NGOs.

Implementation, monitoring and evaluation

21. National execution will be the exclusive *modus operandi* for programme implementation, which will be primarily by government institutions and NGOs. While this still requires considerable support from the UNFPA country office, it is the way towards institution strengthening, and capacity building, and a greater sense of ownership, accountability and hence sustainability. National expertise constitutes the single most important source of technical support, and project personnel as well as consultants will monitor the programme on a regular basis. The services of UNFPA Country Support Team advisers will also continue to be drawn upon. Established UNFPA procedures for the monitoring and evaluation of the overall programme and of its constituent elements will be followed, with a mid-term review scheduled for June 1999 and annual project reviews. All component activities will incorporate quantitative and qualitative goals and measurable indicators. Changes in these indicators will give an indication of the impact of the overall programme.

Recommendation

22. The Executive Director recommends that the Executive Board approve the programme of assistance for Kenya, as outlined above, in the amount of $20 million over the period 1997-2001, $16.5 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $3.5 million would be sought from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.